

Immunization Newsletter

North Dakota Department of Health

Division of Disease Control

Summer 2004

Every Child By Two Visit

Former First Lady of the United States, Rosalynn Carter, and former First Lady of Arkansas, Betty Bumpers, visited Grand Forks June 10 to promote the importance of childhood immunizations.

In 1991, the former first ladies founded Every Child By Two (ECBT), an organization that strives to raise awareness of the critical need for timely immunizations and for a systematic method of ensuring the immunization of all American children by age 2.

During the event, Mrs. Carter and Mrs. Bumpers visited the Manvel Migrant School near Grand Forks. At Manvel, they held a press conference and read a story about immunizations to the school children. Later, Mrs. Carter and Mrs. Bumpers attended an immunization luncheon at the North Dakota Museum of Art in Grand Forks. Other guests included First Lady Mikey Hoeven; Dr. Michael Brown, mayor of Grand Forks; Dr. Steve Cochi, director of the National Immunization Program, Centers for Disease Control and Prevention; and Dr. Terry Dwelle, North Dakota state health officer.

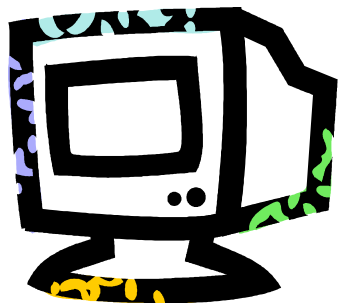
At the luncheon, several individuals and health organizations were honored for their significant contributions to immunizations in

North Dakota. In addition, 27 public health units and private clinics throughout the state received awards for achieving childhood immunization rates higher than 90 percent in 2003. (A list of award winners is included on page 8.)

After the luncheon, the former first ladies visited the Grand Forks Air Force Base Child Development Center to learn about the military immunization program and registry. They also spoke with children and spouses of deployed family members.

The North Dakota Department of Health Immunization Program would like to thank the Greater Grand Forks Immunization Coalition for hosting the event, especially Kathy Dunn and Debbie Swanson, who worked extremely hard to ensure the event's success.





Check Out Our New Website

The NDDoH Immunization Program has a new website at www.health.state.nd.us/disease/Immunization/. A new online system for ordering vaccine and immunization forms is now available. The new website also has updated information regarding school and daycare immunization requirements, immunization information, forms and memos, archived *Immunization Newsletters* and NDDoH Immunization Program contact information. Links to other important immunization websites are also available. The website will be updated weekly.

National Immunization Conference

The 38th National Immunization Conference was held May 11 through 14 at the Gaylord Opryland Hotel in Nashville, Tenn. About 1,500 people attended the conference, which included eight plenary sessions and 101 workshops. Many topics were discussed, including adolescent immunization, adult immunization, assessment barriers to vaccination, community and partnerships for childhood immunization, cultural diversity, global immunization surveillance, health communications, health education policy and legislation, new vaccines and vaccine development, vaccine-preventable diseases, vaccine safety and immunization registries.

Recordings of plenary and workshop sessions may be viewed at www.cdc.gov/nip/nic/.

The 39th National Immunization Conference will be held in Washington, D.C., at the Hilton Washington Hotel & Towers March 21 through 24, 2005.

Immunization Update

An *Immunization Update* satellite broadcast and webcast from the Centers for Disease Control and Prevention (CDC) aired Aug. 19, 2004. The broadcast was an annual update highlighting current and late-breaking immunization issues. Visit www.phppo.cdc.gov/phtn/ to view the archived webcast. Please contact Molly Sander, immunization surveillance coordinator, at 800.472.2180 or msander@state.nd.us to borrow a copy of the satellite broadcast from the NDDoH.

Statewide Immunization Coalition

The new North Dakota Immunization Coalition was launched at the ECBT luncheon June 10, 2004, in Grand Forks. The statewide coalition will join local public health units, private providers, community leaders and sponsors from all regions of North Dakota. The goals of the coalition are to ensure that all North Dakotans are protected from vaccine-preventable diseases, enhance communication between public and private providers throughout the state, ensure that providers have the most up-to-date immunization information and create uniformed immunization messages for the public. Anyone interested in participating in the coalition should contact Heather Weaver, immunization program manager, at 800.472.2180 or hweaver@state.nd.us for more information.

Pertussis Update

Since June 22, 2004, 546 pertussis cases have been reported to the NDDoH since. Of the 546 cases, 315 are females and 231 are males. The age range for the cases is 2 weeks to 95 years. The majority of the cases are in the 10 to 19 age group. Most of the reported cases are from Ward County, where the outbreak began. In 2003, only seven cases of pertussis were reported in the entire year to the NDDoH.

The NDDoH has recommended that the accelerated schedule for DTaP vaccine be used statewide. DTaP vaccine should be administered at age 6, 10 and 14 weeks, instead of 2, 4 and 6 months. PEDIARIX® should not be used for all three doses of the accelerated schedule, because the minimum interval between doses of PEDIARIX® is six weeks. **DTaP vaccines should not be administered to individuals older than age 7.** Immunity to pertussis wanes three to five years after the last vaccination. Pertussis booster vaccines for adolescents and adults currently are being tested and hopefully will be available in the United States soon.

Pertussis, which is endemic in the United States, is often misdiagnosed. Adults, teenagers and vaccinated children often have mild symptoms that mimic bronchitis or asthma. Adults and adolescents are often the source of infection of infants.

Pertussis should be considered when evaluating any patient with an acute cough illness characterized by one or more of the following symptoms:

- Prolonged cough
- Cough with paroxysms
- Whoop
- Post-tussive gagging/vomiting

***Testing should not be done on asymptomatic individuals.**

Pertussis testing kits are available from the North Dakota Microbiology Lab. Facilities will be notified of test results within 48 hours of specimen receipt. Please contact 701.328.6272 to order testing kits.

For more information regarding pertussis in North Dakota, visit www.health.state.nd.us/disease/Immunization/Pertussis/PertussisMain.htm. North Dakota pertussis case totals will be updated at noon every weekday. Also available on the website are recommendations for schools, universities, long term care and day care facilities.

The Texas Department of Health website has informative online tutorials for providers regarding pertussis at www.completestcast.com/pertussis/presentation.htm.



2004-2005 School Immunization Requirements

The following immunizations are required for entry into kindergarten for the 2004-2005 school year:

- DTaP vaccine
- MMR vaccine
- IPV vaccine
- Hepatitis B vaccine
- Varicella vaccine

For information regarding how many doses of vaccine and what grades required which vaccine, visit the NDDoH Immunization

Program website at
www.health.state.nd.us/disease/Immunization/Default.htm.



2004 July – December Childhood Immunization Schedule

A revised Childhood Immunization Schedule from the National Immunization Program (NIP) is available for the second half of 2004 (July through December), updating recommendations for influenza vaccine. However, the 2004 catch-up schedule, published in January, has not changed. This schedule lists the ages (birth to 18 years) at which each vaccine or series of shots is to be given. The changes to the schedule highlight the following recommendations for annual influenza vaccination:

- Children age 6 to 23 months. Previously, annual influenza immunization for children age 6 to 23 months was only encouraged.
- Close contacts of healthy children from birth to age 23 months. Children in this age group are at substantially increased risk for influenza-related hospitalizations.
- Health-care workers and other people (including household members) in close contact with people in groups at high risk.

The NDDoH Immunization Program provided Prevention Partnership Providers with the new immunization schedule. Please

contact the NDDoH Immunization Program if your clinic would like another schedule (supplies are limited). The schedule also may be obtained online at
www.cdc.gov/nip/recs/child-schedule.htm.

For more information regarding the 2004-2005 influenza vaccination and antiviral recommendations, read the Morbidity and Mortality Weekly Report (MMWR) from May 28, 2004, entitled *Prevention and Control of Influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP)*. The report is available at
www.cdc.gov/mmwr/preview/mmwrhtml/rr5306a1.htm.

Prevention Partnership Enrollment

Prevention Partnership Providers should be on the look out for the 2004-2005 Prevention Partnership enrollment information. The Prevention Partnership Program is a statewide immunization program that provides vaccine at no charge to all enrolled providers. Please read the information packet carefully, sign the enrollment forms, and return them to the NDDoH Immunization Program at:

North Dakota Department of Health
600 East Boulevard Ave. Dept. 301
Bismarck, ND 58501-0200



Please contact Molly Sander at 800.472.2180 or msander@state.nd.us for more information about the Prevention Partnership Program.

Immunization Safety Review: Vaccines and Autism

The Institute of Medicine (IOM) released a report in May dismissing the idea that vaccines are linked to autism. The study found that neither the mercury-based vaccine preservative, thimerosal, nor the measles-mumps-rubella (MMR) vaccine are associated with autism. The main conclusions of the report include:

- Neither thimerosal-containing vaccines nor MMR vaccine are associated with autism.
- The hypotheses regarding a link between autism and MMR vaccine and thimerosal-containing vaccines lack supporting evidence and are only theoretical.
- Future research to find the cause of autism should be directed toward other promising lines of inquiry that are supported by current knowledge and evidence and offer more promise for providing an answer.

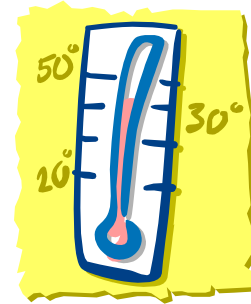
For more information or to read the IOM report, visit www.cdc.gov/nip/news/iom-thim5-18-04.htm#Overview.

New Temperature Monitors

A new temperature monitoring system gradually is being implemented in Prevention Partnership clinics. The new temperature data loggers (HOBOS[®]) have been sent to larger clinics throughout the state. The HOBOS[®] will replace the previous continuous temperature monitors (wheels). The HOBOS[®] continuously monitor temperatures in refrigerators.

Your clinic will receive a new HOBOS[®] about once a month. When your clinic receives the new data logger, return the previous data logger in the provided

envelope to the NDDoH Immunization Program. The NDDoH Immunization Program will then review the temperatures and notify your clinic if there are any problems.



The HOBOS[®] must be placed in the center of your vaccine refrigerators in order to obtain accurate readings. Be sure to activate the HOBOS[®] by holding down the button for at least three seconds.

The HOBOS[®] do not replace manual temperature logs. Refrigerator temperatures still should be checked twice a day and recorded on a temperature log. Refrigerator temperatures should be between 35 and 46 degrees Fahrenheit.

Please do not forget about your clinics' freezer temperatures. Freezer temperatures should be below 5 degrees Fahrenheit. Freezer temperatures also should be checked and logged twice a day.

Temperature logs should be kept on hand at your clinic for at least three years. Once your clinic has received a HOBOS[®], temperature logs no longer have to be sent to the NDDoH Immunization Program.

Contact the NDDoH Immunization Program immediately if temperatures are out of range. Please contact Molly Sander at 800.742.2180 or msander@state.nd.us for any questions or concerns about the new temperature data loggers.

New Vaccine Information Statements

New Vaccine Information Statements (VISs) are available from the NIP. The National Childhood Vaccine Injury Act of 1986 requires all immunization providers to provide VISs to all individuals or parents prior to the administration of each vaccine. VISs inform parents and the individuals being vaccinated of the benefits and risks of vaccines.

The 2004-2005 inactivated influenza and live, intranasal influenza vaccine VISs were released May 24, 2004. A new typhoid vaccine VIS was released May 19, 2004. The new hepatitis A vaccine VIS was released on Aug. 4, 2004. Current VISs are available on the NIP website at www.cdc.gov/nip/publications/VIS/.

Vaccine information statements also may be ordered from the NDDoH Immunization Program.

Current Issues in Immunization

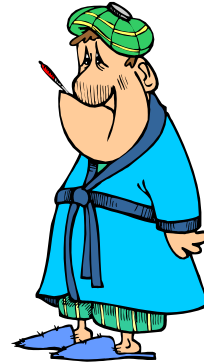
The NIP presented a teleconference July 8, 2004, called *Current Issues in Immunization*. The one-hour session informed providers of the 2004-2005 influenza recommendations, including information regarding the vaccination of children ages 6 to 23 months and their household contacts, health-care workers and live attenuated influenza vaccine. The teleconference is archived on the NIP website at www.cdc.gov/nip/ed/_netconference. The next NIP teleconference is scheduled for Oct. 14, 2004.

Prevention Partnership Information Available via E-mail

The NDDoH Immunization Program is creating a distribution list in order to inform immunization providers of the most current and accurate immunization information.

Any provider who would like to receive the latest immunization information from the NDDoH Immunization Program via e-mail, should e-mail Molly Sander at msander@state.nd.us. Please provide your name, clinic name and e-mail address.

The Immunization Action Coalition also has a free newsletter entitled *IAC Express*. The *IAC Express* is e-mailed periodically and contains important and new immunization information. To subscribe to the *IAC Express* visit www.needletips.org/genr.d/ntn.htm.



Influenza Vaccine Ordering

A memo was sent to Prevention Partnership Providers Aug. 3, 2004 regarding ordering influenza vaccine from the NDDoH Immunization Program. Please read the information thoroughly and return the order form to the NDDoH by September 1, 2004. Please contact Molly Sander at 701.328.4556 or toll-free at 800.472.2180 with any questions about influenza vaccine ordering.

Measles in Children Adopted From China

Measles is a highly contagious viral illness that usually begins with a fever of 100 degrees or higher followed by a cough, runny nose and sometimes watery eyes. A flat red rash usually begins two to four days after the onset of the fever. The rash usually first appears on the face and upper neck before spreading to the back, trunk, arms, legs, hands and feet. Measles can be severe causing pneumonia, encephalitis and death.

On June 18, 2004, the CDC was notified of a confirmed case of measles in a recently adopted child from China. The child was part of a group of 35 other families from 16 states and the United Kingdom who traveled from China to the United States with their adopted children. On June 22, 2004, the North Dakota Department of Health was notified that one of the contact families was from North Dakota. Fortunately, neither the adopted child nor the family members developed measles. The mother of the adopted child had a measles serology performed before traveling to China and was immune. A sibling of the adopted child had already received two MMRs. The father of the adopted child had an unknown immunization status.

Measles cases in adopted children from China and associated cases have been occurring in the United States since the earlier part of 2004. Prospective parents of adoptive children from foreign countries should be advised to ensure they and their families are appropriately immunized before traveling abroad for adoption.

Measles cases also have been occurring in Mexico. Travelers to countries where measles still occurs should make sure they are up-to-date on their vaccinations against

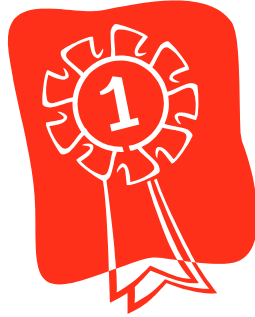
measles. Standard measles vaccination recommendations are for one dose of the vaccine at age 12 to 15 months and a second dose at age 4 to 6 years. Children who will be visiting countries where measles is occurring should receive the second dose 28 or more days after the first dose before traveling. Children 6 to 11 months who will be visiting endemic measles countries should receive the first dose of vaccine now and a second dose at 12 to 15 months. A third dose is recommended for these children when they are 4 to 6 years old.

Adults with an unknown history of measles vaccination should either have a serology performed or be vaccinated. Vaccination is not recommended for adults who have had measles, who have received two doses of the vaccine or were born before 1957. People born before 1957 when measles was widespread in the United States generally are considered immune.

Fortunately, North Dakota has not had a reported measles case since 1987. However, it is possible for measles to occur in North Dakota, especially through importation from countries where measles is occurring. Suspected cases of measles should be reported **immediately** to the NDDoH at 800.472.2180.



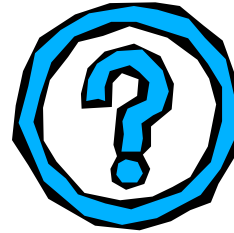
For more information about measles, visit www.cdc.gov/ncidod/diseases/submenu/su_b_measles.htm. For more information about travel health and immunizations, visit www.cdc.gov/travel/.



Every Child By Two Immunization Award Winners

- **Policy and Advocacy Award** – Senator Judy Lee, West Fargo, N.D.
 - Sponsorship of legislation to create a varicella (chickenpox) immunization requirement for children during the 2003 legislative session.
- **Communication Award** – Dr. Angela Erdich and Dr. Sandeep Patel, Indian Health Service, Belcourt, N.D.
 - Exemplary work producing the Turtle Mountain Chippewa Good Healthy Life Calendar.
- **Champion Award** – Kathy Dunn, Grand Forks Public Health, Grand Forks, N.D.
 - Dedication to collaboration and coalition building activities.
- **Community Responsiveness Award** – Barbara Andrist, Upper Missouri District Health Unit, Crosby, N.D.
 - Creative approach to provider education in her area.
- **Innovation Award** – Altru Health System, Grand Forks, N.D.
 - Creative approach to delivering influenza vaccine at a collaborative community drive- through clinic.
- **Best Practice Award** – Altru Pediatric Clinic, Grand Forks, N.D.
 - Dedication to protecting children from vaccine-preventable diseases.
- **Best Practice Award** – Medcenter One Q & R Clinic, Bismarck, N.D.
 - Dedication to protecting children from vaccine preventable diseases.
- **Best Practice Award** – Fargo Family Health Care Center, Fargo, N.D.
 - Dedication to protecting children and vulnerable adults from vaccine preventable diseases.
- **Collaboration Award** – Greater Grand Forks Immunization Coalition, Grand Forks, N.D.
 - Creative approach to delivering flu vaccine at a community drive-through influenza clinic.
- **No Missed Opportunities Award** – Minne-Tohe Health Center, New Town, N.D.
 - Dedication to protecting children from vaccine-preventable diseases by ensuring that all children in their clinic receive age-appropriate vaccinations at each health-care encounter.

**Congratulations from the North Dakota Department of Health
Immunization Program.**



Questions & Answers

1. Should varicella (chickenpox) vaccine be stored in a freezer box?
 - A. No. Varicella vaccine should not be stored in a freezer box. Live, intranasal influenza vaccine is the only vaccine that should be stored in a freezer box.
2. What is considered a true contraindication to pertussis vaccine?
 - A. The only true contraindications to pertussis vaccine (DTaP) are a severe allergic reaction to a prior dose of vaccine or vaccine component and encephalopathy not due to another identifiable cause within seven days of vaccination. The following adverse events also would be considered contraindications:
 - Temperature of greater than 105 degrees within 48 hours not due to any other identifiable cause.
 - Collapse or shock-like state within 48 hours.
 - Persistent inconsolable crying lasting longer than three hours, occurring within 48 hours.
 - Convulsions with or without fever occurring within three days.Children with the above contraindications should receive pediatric diphtheria-tetanus (DT) vaccine. **DT vaccine should not be used if one of the above contraindications is not met.**
3. How often does zoster (shingles) occur following varicella vaccination?
 - A. Varicella vaccine is a live virus vaccine and may result in a latent infection, similar to that caused by wild varicella virus. Consequently, zoster caused by the vaccine virus has been reported, mostly among vaccinated children. Not all these cases have been confirmed as having been caused by vaccine virus. The risk of zoster following vaccination appears to be less than that following infection with wild-type virus. The majority of cases of zoster following vaccine have been mild and have not been associated with complications, including post-herpetic neuralgia. For more information about development of zoster following vaccination, refer to the 1999 ACIP recommendation for “Prevention of Varicella” at www.cdc.gov/mmwr/preview/mmwrhtml/rr4806a1.htm.
4. What is the correct route of administration for the rabies vaccine? Can it be given intradermally (ID) or must it be given intramuscularly (IM)?
 - A. All U.S. licensed rabies vaccines should be administered by the intramuscular (IM) route ONLY. The intradermal (ID) formulation is no longer available in the U.S.

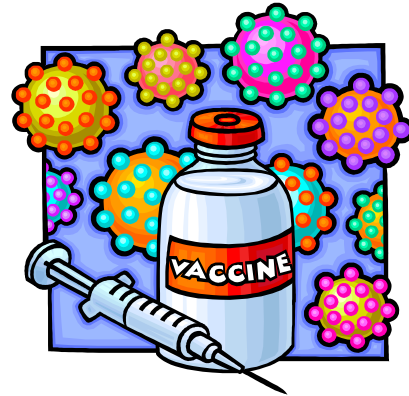
*** Reminder: PEDIARIX® cannot be given to children for the 4th or 5th dose of the DTaP series. PEDIARIX® is only licensed for use for the first three doses of the DTaP series.**

Upcoming Events:



- National Immunization Awareness Month: **August**
- 6th National Conference on Immunization Coalitions in Norfolk, Va.: **September 20 – 22**
- National Adult Immunization Awareness Week (NAIAW): **September 26 – October 2**
- Current Issues in Immunization Netconference: **October 14**
- 5th Immunization Registry Conference in Atlanta, Ga.: **October 18 – 20**
- Surveillance of Vaccine Preventable Disease Satellite Broadcast: **December 9**

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